

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/08/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445047	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/01/2011
NAME OF PROVIDER OR SUPPLIER IMPERIAL GARDENS HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the corridor doors.</p> <p>The findings include:</p> <p>Observation on 8/1/11 at 8:41 AM, revealed the basement stairway door would not close and positively latch.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/1/11.</p>	K 018	<p>K 018</p> <p>On 8/1/2011 the basement stairway door closure was adjusted by the Maintenance Manager and it now closes.</p> <p>The Door will be monitored by the Maintenance Manager weekly X 4 then monthly X 3 for proper closure. (Attachment 15)</p> <p>Results will be reviewed in the monthly QI meeting for oversight and further recommendations</p>		
K 020	NFPA 101 LIFE SAFETY CODE STANDARD	K 020			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Renee Sharp, Administrator (Interim) 9/2/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 020 SS=E	<p>Continued From page 1</p> <p>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the fire resistance rating in the laundry chute.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation on 8/1/11 at 8:42 AM, revealed a hole in the ceiling around the laundry chute in the basement. 2. Observation on 8/1/11 at 10:02 AM, revealed a damaged ceiling in the laundry chute room on the first floor. <p>These finding were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/1/11.</p>	K 020	<p>K 020</p> <p>The hole in the ceiling around the chute in the basement was repaired by the Maintenance Manager on 8/5/2011</p> <p>The ceiling in the laundry chute room on the first floor was repaired on 8/5/2011 by the Maintenance Manager. Both of the ceilings above have a fire resistance rating of at least 1 hour.</p> <p>The Maintenance Manager will monitor the laundry chute weekly X 4 then monthly X 3 (Attachment 15)</p> <p>Results will be reviewed at the monthly QI meeting for oversight and further recommendations</p>		
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067	<p>K 067</p> <p>The exhaust fan in room 322 was adjusted on 8/1/2011. It fits tightly and is working effectively</p> <p>An exhaust fan was placed in the biohazard room on 8/1/2011 making negative pressure.</p>		

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K 067	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the heating, ventilating, and air conditioning. The findings include: 1. Observation on 8/1/11 at 9:30 AM, revealed the exhaust fan in room 322 did not function properly and was loose in the ceiling. 2. Observation on 8/1/11 at 9:50 AM, revealed the bio hazard room in the connector corridor had positive pressure. These finding were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/1/11. NFPA 101 MISCELLANEOUS	K 067	The Maintenance Manager will monitor weekly X 4 then monthly X 3 (Attachment 15) Results will be reviewed at the monthly QI Meeting for oversight and further recommendations		
K 130 SS=D	OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Compressed gas cylinders must be secured against falling. Based on observations, it was determined that the facility failed to maintain proper storage of gas cylinders. The findings include: Observation on 8/1/11 at 9:12 AM, revealed a helium tank unsecured in the activities office.	K 130	K 130 The helium tank in the Activity Office was secured in a stand on 8/1/2011. The Activity Manager will monitor weekly X 4, then monthly X 3 to ensure proper storage (Attachment 15) Results will be reviewed at the monthly QI meeting for oversight and further recommendations		

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NAME OF PROVIDER OR SUPPLIER

IMPERIAL GARDENS HEALTH AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE

306 W DUE WEST AVE

MADISON, TN 37115

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K 130	Continued From page 3	K 130		
K 147 SS=D	<p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/1/11.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the electrical wiring and equipment.</p> <p>The findings include:</p> <p>Observation on 8/1/11 at 9:01 AM, revealed the Ground Fault Circuit Interrupt electrical outlet adjacent to the grill in the kitchen did not work.</p> <p>This finding were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/1/11.</p>	K 147	<p>K 147</p> <p>The ground fault circuit interrupt electrical outlet adjacent to the grill was fixed on 8/1/2011.</p> <p>The Maintenance Manager will monitor weekly X 4 then monthly X 3 to ensure it is working appropriately (Attachment 15)</p> <p>Results will be reviewed at the monthly QI Meetings for oversight and further recommendations</p>	